PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT = L99000009072

1. CIAC, LLC

2. 4300 CATALFUMO WAY

3. 4300 CATALFUMO WAY

4. FLORIDA | USA

5. 12/21/99

6. FEI Number 65-0975758

7. CERTIFICATE OF STATUS DESIRED ☐

PALM BEACH GARDENS, FL 33410 USA

PALM BEACH GARDENS, FL 33410 USA

8. Name and Address of Current Registered Agent

JAMES E. JACOBY

4300 CATALFUMO WAY

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PALM BEACH GARDENS FL 33410

9. Having accepted the registered agent of the above named limited liability company, I am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent — REGISTERED AGENT MUST SIGN

Date 10/20/00

10. Name and Street Addresses of Managing Members/Managers

Types	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MGRM	CATALFUMO MANAGEMENT AND INVESTMENTS, INC.	4300 CATALFUMO WAY	PALM BEACH GARDENS, FL 33410
MGRM	DANIEL S. CATALFUMO	4300 CATALFUMO WAY	PALM BEACH GARDENS, FL 33410

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that the filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S. all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same as if made under oath.

Signature of Managing Member/Manager — Date 10/20/00 — Daytime Phone # (561) 694-3000

Typed or printed name of signing Managing Member/Manager DANIEL S. CATALFUMO